

HEARING AID DISPENSERS BUREAU

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APPLICATION FOR DUPLICATE ORIGINAL WALL CERTIFICATE

Application Procedure: This form must be fully completed and partial applications will be returned. All necessary documents and \$25.00 fee must be submitted as specified.

Mail duplicate certificate to:		
Name: (Last, First, MI)	License Number:	Telephone Number:
Address: (Street, City, State, Zip Code)		
Please indicate your reason for requesting a duplicate wall certificate:		
LOSS OF CERTIFICATE My original certificate has been:		
Lost	Stolen	Destroyed
NAME CHANGE (Original wall certificate must accompany the application)		
I have assumed the following name: (Print Clearly) Due to (check one):		
Marriage	Copy of marriage certificate required	1
Dissolution of Marriage	Copy of final dissolution decree required	
Naturalization	Copy of notarized statement or naturalization paper required	
Court Order	Copy of court order required	
The following affidavit must be completed and signed: I do hereby certify under penalty of perjury under the laws of the State of California that I am currently licensed to practice as a hearing aid dispenser in the State of California. I hold the license number listed above which was issued under the name of (Print).		
Signature:	Date	:

Information Collection and Access

The information in this application is mandatory and is maintained in accordance with the Business & Professions Code, Title 16, Division 2, Chapter 7.5, Section 3300 et seq. Failure to provide all or any part of the requested information will result in the application being rejected as incomplete. Each individual has the right to review the files or records maintained on them by this agency subject to the provisions of the Information Practices Act.